## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Inform	ation				[i loase read	mstructions be	tore comple	ung and for N	otice regarding	public bure	len.]					
1. Name and Mailing Address	of Re	espondent												T		
Cimarron Telephone Company, L.L.C. 101 Cimarron Drive Mannford, OK 74044													Check here if this is a change of address.			
2. Year Report Filed 2017			Period C	g Period (Endovered by Ref 2017	ding Date of Peport)	ay		4. Number of Full-Time Employees during Selected Reporting Period (check one): a. □ Fewer than 16 (complete Sections I, IV, and V only) b. ☑ 16 or more (complete all sections)								
SECTION II - Full-Time Emple	oyees									proto un set	outra)					
Job Categories		Number of Employees (Report employees in only one category)														
		Race/Ethnicity														
			anic or itino		Not-Hispanic or Latino											
		:3350045		Male							Female					Total Columns A - N
		Male	Alale Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N
		Α	В	С	D	E	F	G	Н	1	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1.1			2										1		3
First/Mid-Level Officials and Managers	1.2			3				1	1	2				2		9
Professionals	2			1				1								2
Technicians	3			8									1			9
Sales Workers	4			1						1						2
Administrative Support Workers	5			2	1					7				3		13
Craft Workers	6			11												11
Operatives	7			2												2
aborers and Helpers	8			3				2								5
Service Workers	9															0
TOTAL	10	0	0	33	1	0	0	4	1	10	0	0	1	6	0	56
PREVIOUS YEAR TOTAL	11	1	0	36	1	0	0	2	1	11	0	0	1			

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SECTION III - Part-Time Empl	oyees.															
		Number of Employees (Report employees in only one category)														
Job Categories							(report emp	Race/Ethnicity		у)						
	1	Hispanic or Latino		Not-Hispanic or Latino												
				Male Female											Total Columns A - N	
	Male	e Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	0	
	А	В														
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2		1												1	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5								1						1	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL	10 0	0	1	0	0	0	0	0	1	0	0	0	0	0	2	
PREVIOUS YEAR TOTAL	11								2						2	
SECTION IV - Report of Discrin	nination Co	mplaints Pursua	nt to 47 CFF	R 22.321, 23.5	5, 90.168, 101.	4, and 101.	311.									
This is to advise the company before any This is to advise the (Attach a list indicati	Commission body having	n that no complain g competent jurison that the following	nts regarding diction in suc	violations of the matters during alleging violations	he equal emploing the calenda	oyment prov r year cover	isions of Fede ed by this rep	ort. ovment opports	ınity statute	have been file	d against this	compony				
SECTION V - Certification																
I certify that to the best of my kno				ents in this rep			1									
2/5/n	Λ	Baldwin	on Signing		S	Signature	Jen,	Sul	2	- 1	Telephone No. (918) 865-3311					
Title of Person Signing Vice Preside				WILLFULLY I OF ANY STA	FALSE STATE	MENTS MA E OR CONS	DE ON THIS STRUCTION F	FORM ARE PUPERMIT (47 U.	JNISHABLE S.C. 312 (A)	BY FINE AND (1) AND/OR F	O/OR IMPRISO	ONMENT (1	RIISC 1001	) AND/OR RE	VOCATION	